

Exhibit 1

any record of Ms. Kawazoe contacting TWC as requested within the 7 days required by law. After becoming aware of this issue through this lawsuit, TWC was able to speak to Ms. Kawazoe, obtain the information needed, and resolve the issues. Ms. Kawazoe received \$1,650.00 in benefits. Ms. Kawazoe's administrative appeal is moot because she received all PUA benefits to which she was entitled. (EXHIBIT F). No hearing is needed, and Ms. Kawazoe terminated her administrative appeal.

5. With respect to Stephanie Stout's claim, a review of her account indicated that the issue was verification of identity. Ms. Stout "opted in" for electronic correspondence with TWC. Anytime there is any kind of correspondence from TWC to a claimant, the claimant receives via email, a notification of "delivered correspondence" related to their claim. On July 20, 2021 and July 21 2021, Ms. Stout was sent a notice via email with instructions to go to "ID.me" and complete her identity verification. Ms. Stout's correspondence inbox shows that she viewed these notifications on July 26, 2021 (EXHIBIT A). She did not complete the identity verification process which resulted in an overpayment of benefits. Had the claimant verified her identity her payments would have continued. When this issue was brought to the attention of TWC through this lawsuit, TWC left several messages with Ms. Stout before she finally contacted TWC to resolve the issue. TWC was finally able to verify Ms. Stout's identity, the overpayment associated with her account was cleared, and she was paid \$6,874.00 in benefit payments. Ms. Stout's administrative appeal is moot because she received all unemployment benefits to which she was entitled. (EXHIBIT G). For the same reason, the complaint that TWC did not waive Ms. Stout's overpayment is moot. No hearing is needed, and Ms. Stout terminated her administrative appeal.
6. As to Kimberly Hartman, a review of her claim showed that Ms. Hartman requested that her claim be backdated which was initially denied by TWC. Ms. Hartman filed an appeal to the denial and the Appeals Tribunal reversed the initial determination finding that her claim should be backdated. TWC staff took action to backdate her claim and generated paper payment requests for all the weeks she was eligible. Ms. Hartman also opted in for electronic correspondence. On March 15, 2021, TWC sent her 9 payment requests for regular benefits totaling an 18-week period (EXHIBIT B). Ms. Hartman's correspondence inbox shows that she opened the notices on April 21, 2021 (EXHIBIT C) but failed to respond to TWC, therefore was not paid for any potential eligible weeks. After notification of this lawsuit, TWC was able to talk to her to determine the relevant timeframe. TWC then processed those eligible weeks, and she received \$18,285.00 in benefit payments. Ms. Hartman's administrative appeal is moot because she received all unemployment benefits to which she was entitled. (EXHIBIT H). No hearing is needed, and Ms. Hartman terminated her administrative appeal.
7. As to Charles Harmon, a review of his claim showed that on June 7, 2020, Mr. Harmon began receiving Pandemic Emergency Unemployment Compensation (PEUC). On September 6, 2020, he exhausted his PEUC benefits and began receiving state extended benefits. These state extended benefits were exhausted on October 24, 2020. Mr. Harmon continued requesting payments through November 28, 2020 at which point he stopped requesting payment. On December 27, 2020, the Continuous Assistance for Unemployed Workers Act (CAUWA) was passed, extending PEUC benefits, which allowed eligible

claimants to backdate to that date. On January 15, 2021, TWC notified Mr. Harmon of this extension via email outlining the CAUWA provisions and instructions on how to reapply for the extended PEUC benefits. Mr. Harmon also opted in for electronic correspondence and TWC records show that he never opened this communication from TWC (EXHIBIT D). On August 6, 2021, Mr. Harmon contacted TWC to request that his PEUC claim be backdated. Mr. Harmon had intervening employment (February 10-May 24, 2021) during a portion of the time that he was requesting the backdating of his PEUC claim. When he filed this additional claim, TWC backdated the claim to May 23, 2021 when Mr. Harmon was no longer employed. However, Mr. Harmon requested that TWC backdate the claim to December 27, 2020. Mr. Harmon did not provide sufficient information for the TWC to deem his claim eligible to be backdated through December 2020. Mr. Harmon made no further payment requests. Mr. Harmon challenged TWC's decision through this lawsuit. TWC was able to speak to him after becoming aware of his issue and Mr. Harmon was then able to provide sufficient information to TWC to justify backdating the claim. Mr. Harmon's claim was backdated, and he received \$4,506.000 in benefit payments. Mr. Harmon's administrative appeal is moot because he received all unemployment benefits to which he was entitled. No hearing is needed, and Mr. Harmon terminated his administrative appeal.

8. As to Jesus Duarte, a review of his claim showed that he failed to verify his identity. Mr. Duarte was sent a notice with instructions to go to "ID.me" and complete his identity verification but he did not verify initially as instructed. On September 23, 2021, Mr. Duarte did complete the verification process through ID.me, and on October 13, 2021, TWC reversed the initial decision to initially deny his claim; this eliminated all overpayments previously reflected in his account. Mr. Duarte was paid all of his unemployment benefits, including Pandemic Emergency Unemployment Compensation (PEUC), Extended Benefits and Federal Pandemic Unemployment Compensation. Mr. Duarte received all the benefits for which he was legally entitled before this lawsuit was filed. Mr. Duarte's administrative appeal is moot because he received all unemployment benefits to which he was entitled. (EXHIBIT I). For the same reason, the complaint that TWC did not waive Mr. Duarte's overpayment is moot. No hearing is needed, and Mr. Duarte terminated his administrative appeal.
9. As to Evelyn Carriere, a review of her claim showed that she failed to verify her identity. On September 1, 2021, Ms. Carriere was sent a notice with instructions to go to "ID.me" to complete her identity verification (EXHIBIT E). Two additional requests were sent the following two days, however her correspondence inbox shows that she did not open that communication until February 11, 2022, well after the filing of this lawsuit (EXHIBIT F). The failure to verify her identity as requested in September 2021 resulted in an overpayment for benefits paid, as well as additional qualifying weeks not being paid. Once this was brought to the attention of TWC through this lawsuit, TWC assisted Ms. Carriere in verifying her identity and she received \$152.00 in benefit payments. Ms. Carriere's administrative appeal is moot because she received all unemployment benefits to which she was entitled. (EXHIBIT J). No hearing is needed, and Ms. Carriere terminated her administrative appeal.

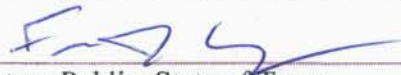
10. The issues in this case were not a result of any audit, as alleged in Plaintiff's complaint. TWC never audited Kawazoe, Stout, Hartman, Harmon, Duarte, or Carriere's accounts.
11. As a result of the COVID-19 pandemic, TWC was overwhelmed by an incredibly high and unprecedented volume of unemployment benefit claims filed by individuals who lost their jobs because of pandemic-related business closures. Unemployment Insurance benefit claims filed with the agency increased from approximately 52,000 per month to as high as 1.5 million per month during the spring of 2020. Payments for continued requests by claimants for unemployment insurance claims reached 19,139,851 during the months of April, May and June 2020 alone. At the same time the TWC's workload was increasing dramatically as a result of the deluge of claims, TWC had to additionally work to implement an entirely new benefits program with unique criteria, protocols, and procedures. TWC was uniquely burdened during this once-in-a-lifetime, historic event.
12. The COVID-19 pandemic also resulted in a historically and unprecedented number of calls to the TWC. As an example, during the months of April, May and June 2019, TWC answered 515,849 calls; that number more than tripled during the months of April, May and June 2020 for a total of 1,660,345.
13. None of the plaintiffs are currently receiving unemployment benefits as of today's date.

Further affiant sayeth not."


Terri Warren

SUBSCRIBED and SWORN TO this 15th day of February, 2023 by Terri Warren.





Notary Public, State of Texas

Francisco J. Hernandez
Commission Expires: 3/25/2024

Exhibit A

Stout Correspondence Inbox showing she opened the contact requests on July 26,2021



Terri Warren | [My Profile](#) | [Logoff](#)

Unemployment Benefit Services

[Claimants](#) | [Staff Admin](#)

Quick Links

- Claimant Search
- Claimant Profile
- Claim and Payment Status
- IRS Tax Information
- Payment Option
- Appeal List
- » [Correspondence Inbox](#)
- Electronic Correspondence Opt Out
- Electronic Correspondence

Correspondence Inbox

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Date Mailed	Document Name	Date Opened	Action	Action	Link
Jul 21, 2021	Information Request	Jul 26, 2021	View PDF	View Accessible	
Jul 20, 2021	Information Request	Jul 26, 2021	View PDF	View Accessible	
Jun 11, 2021	Instructions: Requesting Benefit Payments	Jun 14, 2021	View PDF	View Accessible	
Jun 10, 2021	Work Search Log		View PDF	View Accessible	
Jun 10, 2021	Statement of Wages and Potential Benefit Amounts	Jun 11, 2021	View PDF	View Accessible	Wage Help
Jun 10, 2021	Unemployment Benefits Handbook		View PDF	View Accessible	
Jun 10, 2021	Work Search Notification	Jun 11, 2021	View PDF	View Accessible	
Jun 10, 2021	Pell Grant Letter	Jul 27, 2021	View PDF	View Accessible	
Jun 10, 2021	US Bank Information Sheet		View PDF	View Accessible	
Jun 10, 2021	Benefits Information Packet-Work Search	Jun 11, 2021	View PDF	View Accessible	

UI Support & Customer Service
TEXAS WORKFORCE COMMISSION
101 E 15TH ST RM 570 MAIN
AUSTIN TX 78778-0001

INFORMATION REQUEST
Date Mailed: July 20, 2021

STEPHANIE K STOUT
PO BOX 971211
EL PASO TX 79997

Social Security Number: XXX-XX-7753

All dates are shown in
month-day-year order.

IMPORTANT

TWC will make a decision about your claim, based on available information.
PLEASE RESPOND AS SOON AS POSSIBLE but no later than 07-27-21 .

- * If you are claiming unemployment please Go to ID.me to verify your identity.
<https://hosted-pages.id.me/texas-twc-identity-proofing>
- * If you are not claiming unemployment benefits please report the fraudulent claim here:
<https://apps.twc.state.tx.us/UiFraudSubmission/uifs/uifraud>
- * You do not need to call. Go to ID.me to verify identity by the date listed below.

INSTRUCTIONS

Please Call: BENEFIT P CONTROL 9
(512) 463-8322

Please call as soon as possible but no later than 3:00 PM 07-27-21 .

PLEASE NOTE: TWC could delay or deny payment of unemployment benefits if you do not respond to this notice.

Case No.:	12
Claim Id.:	06-06-21
Claim Date:	06-06-21
TWC Office Fax No.:	(512) 936-4329
Hearing - Impaired clients dial 711 for Relay Texas	

UI Support & Customer Service
TEXAS WORKFORCE COMMISSION
101 E 15TH ST RM 570 MAIN
AUSTIN TX 78778-0001

INFORMATION REQUEST
Date Mailed: July 21, 2021

STEPHANIE K STOUT
PO BOX 971211
EL PASO TX 79997

Social Security Number: XXX-XX-7753

All dates are shown in
month-day-year order.

IMPORTANT

TWC will make a decision about your claim, based on available information.
PLEASE RESPOND AS SOON AS POSSIBLE but no later than 07-28-21 .

- * If you are claiming unemployment please Go to ID.me to verify your identity.
<https://hosted-pages.id.me/texas-twc-identity-proofing>
- * If you are not claiming unemployment benefits please report the fraudulent claim here:
<https://apps.twc.state.tx.us/UiFraudSubmission/uifs/uifraud>
- * You do not need to call. Go to ID.me to verify identity by the date listed below.

INSTRUCTIONS

Please Call: BENEFIT P CONTROL 9
(512) 463-8322

Please call as soon as possible but no later than 3:00 PM 07-28-21 .

PLEASE NOTE: TWC could delay or deny payment of unemployment benefits if you do not respond to this notice.

Case No.:	13
Claim Id.:	EXB002
Claim Date:	10-04-20
TWC Office Fax No.:	(512) 936-4329
Hearing - Impaired clients dial 711 for Relay Texas	

Exhibit B

UI Support & Customer Service
 TEXAS WORKFORCE COMMISSION
 PO BOX 149346
 AUSTIN TX 78714-9346

PAYMENT REQUEST
 Date Mailed: March 15, 2021

KIMBERLY A HARTMAN
 12631 SUNNY WONDER
 SAN ANTONIO TX 78253-5193



All dates are shown in
 month-day-year order.

REGULAR BENEFITS

Social Security Number: XXX-XX-7665
 MAIL THIS CLAIM FORM ON 07-13-20

IMPORTANT INFORMATION - PLEASE READ BEFORE COMPLETING FORM

Return the completed form to the TWC fax number below, or mail to the address in the upper-left corner. Answer all of the questions below. You must report the number of hours you worked and earnings before any deductions, such as taxes, are taken out. Report for the week you performed the work, not when the earnings were paid. Earnings include full-time, part-time or temporary work, contract labor, self-employment profits, or holiday pay (if you are on a temporary layoff). Cross out and initial any corrections. Sign the form. If you have questions, please call (800) 939-6631.

A BENEFIT WEEK IS SEVEN CALENDAR DAYS BEGINNING ON <u>SUNDAY</u> AND ENDING ON <u>SATURDAY</u> .		06-28-20 through 07-04-20	07-05-20 through 07-11-20
1. Did you receive vacation or holiday pay from either a current job or a job from which you are on temporary layoff?	YES NO	YES NO	YES NO
2. Did you work during the two-week claim period?	YES NO	YES NO	YES NO
3. If you answered "YES" to either question 1 or 2, record your total gross earnings before deductions (NOT your net take-home pay) and answer questions 4 and 5.	\$____.00	\$____.00	\$____.00
4. If you worked, please report the number of hours worked.	Hrs. _____	Hrs. _____	Hrs. _____
5. If you worked or reported earnings, are you <u>still working</u> for this employer(s)?	YES NO	YES NO	YES NO
6. Did you turn down any job offer or job referral during the claim period?	YES NO	YES NO	YES NO
7. Were you able to work during the claim period?	YES NO	YES NO	YES NO
8. During the claim period, were you available to start full-time work?	YES NO	YES NO	YES NO
8A. If you received Social Security Disability Insurance during the claim period, were you available to start part-time work?	YES NO	YES NO	YES NO
9. Did you receive, or has there been a change in your receipt of income from any of the following sources? a. Retirement Pension b. Disability Pension c. Workers' Compensation d. Wages instead of advance notice of layoff or severance pay	YES NO	YES NO	YES NO
10. Did you attend school or training?	YES NO	YES NO	YES NO
10A. Did the school or training prevent you from accepting work?	YES NO	YES NO	YES NO
11. If you are not enrolled in school or training go directly to question 12. If you are enrolled in school or training, have your days and hours changed since you last reported them?	YES NO	YES NO	YES NO
12. Please enter the total number of work search activities you did, enter 0 if you did not search for work.	Week 1 _____	Week 2 _____	Week 2 _____
13. Are you a U.S. citizen? If not, are you legally authorized to work in the United States?	YES NO	YES NO	YES NO
14. I certify this is my Social Security number and I am the person named on this claim for unemployment benefits, and the information I gave for these claim periods is true and complete.	YES NO	YES NO	YES NO

Giving untrue information or withholding information on any unemployment claim may result in severe penalties including fines and/or imprisonment, and may also result in a loss of benefits. TWC routinely compares the amount of earnings you report on your payment request to the amount of earnings your employer reports having paid you. TWC also randomly verifies that you made the required number of valid work search activities.

Signature _____ Date _____

Claim ID: 03-08-20
 Claim Date: 03-08-20
 TWC FAX No.: (512) 322-2855

HEARING-IMPAIRED CLIENTS
 Dial 711 for Relay Texas.

CHANGE OF ADDRESS/NAME**INSTRUCTIONS**

To be eligible for unemployment benefits you must be registered to work. Update your work application when you move to another city within Texas by contacting your nearest Workforce Center or by using the Internet at www.texasworkforce.org. if you move out of state, contact your nearest Workforce Center to register for work in that state.

Instructions: Complete Items 1 through 7 (Please Print Items 1 through 5)

1. Your Name On Record

First	Middle	Last
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2. Your New Name

First	Middle	Last
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3. Social Security Number

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4. Old Address

Mailing Address	
City	County
State	Zip Code
Telephone No.: ()	

5. New Address

Mailing Address	
City	County
State	Zip Code
Telephone No.: ()	

6. Signature _____**7. Date** _____

You may receive, review, and correct information TWC collects about you by contacting TWC Open Records at 1-866-274-0940.

UI Support & Customer Service
 TEXAS WORKFORCE COMMISSION
 PO BOX 149346
 AUSTIN TX 78714-9346

PAYMENT REQUEST
 Date Mailed: March 15, 2021

KIMBERLY A HARTMAN
 12631 SUNNY WONDER
 SAN ANTONIO TX 78253-5193



All dates are shown in
 month-day-year order.

REGULAR BENEFITS

Social Security Number: XXX-XX-7665
 MAIL THIS CLAIM FORM ON 06-29-20

IMPORTANT INFORMATION - PLEASE READ BEFORE COMPLETING FORM

Return the completed form to the TWC fax number below, or mail to the address in the upper-left corner. Answer all of the questions below. You must report the number of hours you worked and earnings before any deductions, such as taxes, are taken out. Report for the week you performed the work, not when the earnings were paid. Earnings include full-time, part-time or temporary work, contract labor, self-employment profits, or holiday pay (if you are on a temporary layoff). Cross out and initial any corrections. Sign the form. If you have questions, please call (800) 939-6631.

A BENEFIT WEEK IS SEVEN CALENDAR DAYS BEGINNING ON <u>SUNDAY</u> AND ENDING ON <u>SATURDAY</u> .		06-14-20 through 06-20-20	06-21-20 through 06-27-20
1. Did you receive vacation or holiday pay from either a current job or a job from which you are on temporary layoff?	YES NO	YES NO	YES NO
2. Did you work during the two-week claim period?	YES NO	YES NO	YES NO
3. If you answered "YES" to either question 1 or 2, record your total gross earnings before deductions (NOT your net take-home pay) and answer questions 4 and 5.	\$____.00	\$____.00	
4. If you worked, please report the number of hours worked.	Hrs. _____	Hrs. _____	
5. If you worked or reported earnings, are you <u>still working</u> for this employer(s)?	YES NO	YES NO	YES NO
6. Did you turn down any job offer or job referral during the claim period?	YES NO	YES NO	YES NO
7. Were you able to work during the claim period?	YES NO	YES NO	YES NO
8. During the claim period, were you available to start full-time work?	YES NO	YES NO	YES NO
8A. If you received Social Security Disability Insurance during the claim period, were you available to start part-time work?	YES NO	YES NO	YES NO
9. Did you receive, or has there been a change in your receipt of income from any of the following sources? a. Retirement Pension b. Disability Pension c. Workers' Compensation d. Wages instead of advance notice of layoff or severance pay	YES NO	YES NO	YES NO
10. Did you attend school or training?	YES NO	YES NO	YES NO
10A. Did the school or training prevent you from accepting work?	YES NO	YES NO	YES NO
11. If you are not enrolled in school or training go directly to question 12. If you are enrolled in school or training, have your days and hours changed since you last reported them?	YES NO	YES NO	YES NO
12. Please enter the total number of work search activities you did, enter 0 if you did not search for work.	Week 1 _____	Week 2 _____	
13. Are you a U.S. citizen? If not, are you legally authorized to work in the United States?	YES NO	YES NO	YES NO
14. I certify this is my Social Security number and I am the person named on this claim for unemployment benefits, and the information I gave for these claim periods is true and complete.	YES NO	YES NO	YES NO

Giving untrue information or withholding information on any unemployment claim may result in severe penalties including fines and/or imprisonment, and may also result in a loss of benefits. TWC routinely compares the amount of earnings you report on your payment request to the amount of earnings your employer reports having paid you. TWC also randomly verifies that you made the required number of valid work search activities.

Signature _____ Date _____

Claim ID: 03-08-20
 Claim Date: 03-08-20
 TWC FAX No.: (512) 322-2855

HEARING-IMPAIRED CLIENTS
 Dial 711 for Relay Texas.

CHANGE OF ADDRESS/NAME**INSTRUCTIONS**

To be eligible for unemployment benefits you must be registered to work. Update your work application when you move to another city within Texas by contacting your nearest Workforce Center or by using the Internet at www.texasworkforce.org. if you move out of state, contact your nearest Workforce Center to register for work in that state.

Instructions: Complete Items 1 through 7 (Please Print Items 1 through 5)

1. Your Name On Record

First	Middle	Last
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2. Your New Name

First	Middle	Last
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3. Social Security Number

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4. Old Address

Mailing Address	
City	County
State	Zip Code
Telephone No.: ()	

5. New Address

Mailing Address	
City	County
State	Zip Code
Telephone No.: ()	

6. Signature _____**7. Date** _____

You may receive, review, and correct information TWC collects about you by contacting TWC Open Records at 1-866-274-0940.

UI Support & Customer Service
 TEXAS WORKFORCE COMMISSION
 PO BOX 149346
 AUSTIN TX 78714-9346

PAYMENT REQUEST
 Date Mailed: March 15, 2021

KIMBERLY A HARTMAN
 12631 SUNNY WONDER
 SAN ANTONIO TX 78253-5193



All dates are shown in
 month-day-year order.

REGULAR BENEFITS

Social Security Number: XXX-XX-7665
 MAIL THIS CLAIM FORM ON 06-01-20

IMPORTANT INFORMATION - PLEASE READ BEFORE COMPLETING FORM

Return the completed form to the TWC fax number below, or mail to the address in the upper-left corner. Answer all of the questions below. You must report the number of hours you worked and earnings before any deductions, such as taxes, are taken out. Report for the week you performed the work, not when the earnings were paid. Earnings include full-time, part-time or temporary work, contract labor, self-employment profits, or holiday pay (if you are on a temporary layoff). Cross out and initial any corrections. Sign the form. If you have questions, please call (800) 939-6631.

A BENEFIT WEEK IS SEVEN CALENDAR DAYS BEGINNING ON <u>SUNDAY</u> AND ENDING ON <u>SATURDAY</u> .		05-17-20 through 05-23-20	05-24-20 through 05-30-20
1. Did you receive vacation or holiday pay from either a current job or a job from which you are on temporary layoff?	YES NO	YES NO	YES NO
2. Did you work during the two-week claim period?	YES NO	YES NO	YES NO
3. If you answered "YES" to either question 1 or 2, record your total gross earnings before deductions (NOT your net take-home pay) and answer questions 4 and 5.	\$____.00	\$____.00	
4. If you worked, please report the number of hours worked.	Hrs. _____	Hrs. _____	
5. If you worked or reported earnings, are you <u>still working</u> for this employer(s)?	YES NO	YES NO	YES NO
6. Did you turn down any job offer or job referral during the claim period?	YES NO	YES NO	YES NO
7. Were you able to work during the claim period?	YES NO	YES NO	YES NO
8. During the claim period, were you available to start full-time work?	YES NO	YES NO	YES NO
8A. If you received Social Security Disability Insurance during the claim period, were you available to start part-time work?	YES NO	YES NO	YES NO
9. Did you receive, or has there been a change in your receipt of income from any of the following sources? a. Retirement Pension b. Disability Pension c. Workers' Compensation d. Wages instead of advance notice of layoff or severance pay	YES NO	YES NO	YES NO
10. Did you attend school or training?	YES NO	YES NO	YES NO
10A. Did the school or training prevent you from accepting work?	YES NO	YES NO	YES NO
11. If you are not enrolled in school or training go directly to question 12. If you are enrolled in school or training, have your days and hours changed since you last reported them?	YES NO	YES NO	YES NO
12. Please enter the total number of work search activities you did, enter 0 if you did not search for work.	Week 1 _____	Week 2 _____	
13. Are you a U.S. citizen? If not, are you legally authorized to work in the United States?	YES NO	YES NO	YES NO
14. I certify this is my Social Security number and I am the person named on this claim for unemployment benefits, and the information I gave for these claim periods is true and complete.	YES NO	YES NO	YES NO

Giving untrue information or withholding information on any unemployment claim may result in severe penalties including fines and/or imprisonment, and may also result in a loss of benefits. TWC routinely compares the amount of earnings you report on your payment request to the amount of earnings your employer reports having paid you. TWC also randomly verifies that you made the required number of valid work search activities.

Signature _____ Date _____

Claim ID: 03-08-20
 Claim Date: 03-08-20
 TWC FAX No.: (512) 322-2855

HEARING-IMPAIRED CLIENTS
 Dial 711 for Relay Texas.

CHANGE OF ADDRESS/NAME**INSTRUCTIONS**

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Instructions: Complete Items 1 through 7 (Please Print Items 1 through 5)

1. Your Name On Record

First	Middle	Last
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2. Your New Name

First	Middle	Last
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3. Social Security Number

			—			—					
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4. Old Address

Mailing Address	
City	County
State	Zip Code
Telephone No.: ()	

5. New Address

Mailing Address	
City	County
State	Zip Code
Telephone No.: ()	

6. Signature _____**7. Date** _____

You may receive, review, and correct information TWC collects about you by contacting TWC Open Records at 1-866-274-0940.

UI Support & Customer Service
 TEXAS WORKFORCE COMMISSION
 PO BOX 149346
 AUSTIN TX 78714-9346

PAYMENT REQUEST
 Date Mailed: March 15, 2021

KIMBERLY A HARTMAN
 12631 SUNNY WONDER
 SAN ANTONIO TX 78253-5193



All dates are shown in
 month-day-year order.

REGULAR BENEFITS
 Social Security Number: XXX-XX-7665
 MAIL THIS CLAIM FORM ON 05-18-20

IMPORTANT INFORMATION - PLEASE READ BEFORE COMPLETING FORM

Return the completed form to the TWC fax number below, or mail to the address in the upper-left corner. Answer all of the questions below. You must report the number of hours you worked and earnings before any deductions, such as taxes, are taken out. Report for the week you performed the work, not when the earnings were paid. Earnings include full-time, part-time or temporary work, contract labor, self-employment profits, or holiday pay (if you are on a temporary layoff). Cross out and initial any corrections. Sign the form. If you have questions, please call (800) 939-6631.

A BENEFIT WEEK IS SEVEN CALENDAR DAYS BEGINNING ON <u>SUNDAY</u> AND ENDING ON <u>SATURDAY</u> .	05-03-20 through 05-09-20	05-10-20 through 05-16-20
1. Did you receive vacation or holiday pay from either a current job or a job from which you are on temporary layoff?	YES NO	YES NO
2. Did you work during the two-week claim period?	YES NO	YES NO
3. If you answered "YES" to either question 1 or 2, record your total gross earnings before deductions (NOT your net take-home pay) and answer questions 4 and 5.	\$____.00	\$____.00
4. If you worked, please report the number of hours worked.	Hrs. _____	Hrs. _____
5. If you worked or reported earnings, are you <u>still working</u> for this employer(s)?	YES NO	YES NO
6. Did you turn down any job offer or job referral during the claim period?	YES NO	YES NO
7. Were you able to work during the claim period?	YES NO	YES NO
8. During the claim period, were you available to start full-time work?	YES NO	YES NO
8A. If you received Social Security Disability Insurance during the claim period, were you available to start part-time work?	YES NO	YES NO
9. Did you receive, or has there been a change in your receipt of income from any of the following sources? a. Retirement Pension b. Disability Pension c. Workers' Compensation d. Wages instead of advance notice of layoff or severance pay	YES NO	YES NO
10. Did you attend school or training?	YES NO	YES NO
10A. Did the school or training prevent you from accepting work?	YES NO	YES NO
11. If you are not enrolled in school or training go directly to question 12. If you are enrolled in school or training, have your days and hours changed since you last reported them?	YES NO	YES NO
12. Please enter the total number of work search activities you did, enter 0 if you did not search for work.	Week 1 _____	Week 2 _____
13. Are you a U.S. citizen? If not, are you legally authorized to work in the United States?	YES NO	
14. I certify this is my Social Security number and I am the person named on this claim for unemployment benefits, and the information I gave for these claim periods is true and complete.	YES NO	

Giving untrue information or withholding information on any unemployment claim may result in severe penalties including fines and/or imprisonment, and may also result in a loss of benefits. TWC routinely compares the amount of earnings you report on your payment request to the amount of earnings your employer reports having paid you. TWC also randomly verifies that you made the required number of valid work search activities.

Signature _____ Date _____

Claim ID: 03-08-20
 Claim Date: 03-08-20
 TWC FAX No.: (512) 322-2855

HEARING-IMPAIRED CLIENTS
 Dial 711 for Relay Texas.

CHANGE OF ADDRESS/NAME**INSTRUCTIONS**

To be eligible for unemployment benefits you must be registered to work. Update your work application when you move to another city within Texas by contacting your nearest Workforce Center or by using the Internet at www.texasworkforce.org. if you move out of state, contact your nearest Workforce Center to register for work in that state.

Instructions: Complete Items 1 through 7 (Please Print Items 1 through 5)

1. Your Name On Record

First	Middle	Last
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2. Your New Name

First	Middle	Last
-------	--------	------

3. Social Security Number

			—			—					
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4. Old Address

Mailing Address	
City	County
State	Zip Code
Telephone No.: ()	

5. New Address

Mailing Address	
City	County
State	Zip Code
Telephone No.: ()	

6. Signature _____**7. Date** _____

You may receive, review, and correct information TWC collects about you by contacting TWC Open Records at 1-866-274-0940.

UI Support & Customer Service
 TEXAS WORKFORCE COMMISSION
 PO BOX 149346
 AUSTIN TX 78714-9346

PAYMENT REQUEST
 Date Mailed: March 15, 2021

KIMBERLY A HARTMAN
 12631 SUNNY WONDER
 SAN ANTONIO TX 78253-5193



All dates are shown in
 month-day-year order.

REGULAR BENEFITS

Social Security Number: XXX-XX-7665
 MAIL THIS CLAIM FORM ON 05-04-20

IMPORTANT INFORMATION - PLEASE READ BEFORE COMPLETING FORM

Return the completed form to the TWC fax number below, or mail to the address in the upper-left corner. Answer all of the questions below. You must report the number of hours you worked and earnings before any deductions, such as taxes, are taken out. Report for the week you performed the work, not when the earnings were paid. Earnings include full-time, part-time or temporary work, contract labor, self-employment profits, or holiday pay (if you are on a temporary layoff). Cross out and initial any corrections. Sign the form. If you have questions, please call (800) 939-6631.

A BENEFIT WEEK IS SEVEN CALENDAR DAYS BEGINNING ON <u>SUNDAY</u> AND ENDING ON <u>SATURDAY</u> .		04-19-20 through 04-25-20	04-26-20 through 05-02-20
1. Did you receive vacation or holiday pay from either a current job or a job from which you are on temporary layoff?	YES NO	YES NO	YES NO
2. Did you work during the two-week claim period?	YES NO	YES NO	YES NO
3. If you answered "YES" to either question 1 or 2, record your total gross earnings before deductions (NOT your net take-home pay) and answer questions 4 and 5.	\$____.00	\$____.00	\$____.00
4. If you worked, please report the number of hours worked.	Hrs. _____	Hrs. _____	Hrs. _____
5. If you worked or reported earnings, are you <u>still working</u> for this employer(s)?	YES NO	YES NO	YES NO
6. Did you turn down any job offer or job referral during the claim period?	YES NO	YES NO	YES NO
7. Were you able to work during the claim period?	YES NO	YES NO	YES NO
8. During the claim period, were you available to start full-time work?	YES NO	YES NO	YES NO
8A. If you received Social Security Disability Insurance during the claim period, were you available to start part-time work?	YES NO	YES NO	YES NO
9. Did you receive, or has there been a change in your receipt of income from any of the following sources? a. Retirement Pension b. Disability Pension c. Workers' Compensation d. Wages instead of advance notice of layoff or severance pay	YES NO	YES NO	YES NO
10. Did you attend school or training?	YES NO	YES NO	YES NO
10A. Did the school or training prevent you from accepting work?	YES NO	YES NO	YES NO
11. If you are not enrolled in school or training go directly to question 12. If you are enrolled in school or training, have your days and hours changed since you last reported them?	YES NO	YES NO	YES NO
12. Please enter the total number of work search activities you did, enter 0 if you did not search for work.	Week 1 _____	Week 2 _____	Week 2 _____
13. Are you a U.S. citizen? If not, are you legally authorized to work in the United States?	YES NO	YES NO	YES NO
14. I certify this is my Social Security number and I am the person named on this claim for unemployment benefits, and the information I gave for these claim periods is true and complete.	YES NO	YES NO	YES NO

Giving untrue information or withholding information on any unemployment claim may result in severe penalties including fines and/or imprisonment, and may also result in a loss of benefits. TWC routinely compares the amount of earnings you report on your payment request to the amount of earnings your employer reports having paid you. TWC also randomly verifies that you made the required number of valid work search activities.

Signature _____ Date _____

Claim ID: 03-08-20
 Claim Date: 03-08-20
 TWC FAX No.: (512) 322-2855

HEARING-IMPAIRED CLIENTS
 Dial 711 for Relay Texas.

CHANGE OF ADDRESS/NAME**INSTRUCTIONS**

To be eligible for unemployment benefits you must be registered to work. Update your work application when you move to another city within Texas by contacting your nearest Workforce Center or by using the Internet at www.texasworkforce.org. if you move out of state, contact your nearest Workforce Center to register for work in that state.

Instructions: Complete Items 1 through 7 (Please Print Items 1 through 5)

1. Your Name On Record

First	Middle	Last
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2. Your New Name

First	Middle	Last
-------	--------	------

3. Social Security Number

			—			—					
--	--	--	---	--	--	---	--	--	--	--	--

4. Old Address

Mailing Address	
City	County
State	Zip Code
Telephone No.: ()	

5. New Address

Mailing Address	
City	County
State	Zip Code
Telephone No.: ()	

6. Signature _____**7. Date** _____

You may receive, review, and correct information TWC collects about you by contacting TWC Open Records at 1-866-274-0940.

UI Support & Customer Service
 TEXAS WORKFORCE COMMISSION
 PO BOX 149346
 AUSTIN TX 78714-9346

PAYMENT REQUEST
 Date Mailed: March 15, 2021

KIMBERLY A HARTMAN
 12631 SUNNY WONDER
 SAN ANTONIO TX 78253-5193



All dates are shown in
 month-day-year order.

REGULAR BENEFITS

Social Security Number: XXX-XX-7665
 MAIL THIS CLAIM FORM ON 04-20-20

IMPORTANT INFORMATION - PLEASE READ BEFORE COMPLETING FORM

Return the completed form to the TWC fax number below, or mail to the address in the upper-left corner. Answer all of the questions below. You must report the number of hours you worked and earnings before any deductions, such as taxes, are taken out. Report for the week you performed the work, not when the earnings were paid. Earnings include full-time, part-time or temporary work, contract labor, self-employment profits, or holiday pay (if you are on a temporary layoff). Cross out and initial any corrections. Sign the form. If you have questions, please call (800) 939-6631.

A BENEFIT WEEK IS SEVEN CALENDAR DAYS BEGINNING ON <u>SUNDAY</u> AND ENDING ON <u>SATURDAY</u> .	04-05-20 through 04-11-20	04-12-20 through 04-18-20
1. Did you receive vacation or holiday pay from either a current job or a job from which you are on temporary layoff?	YES NO	YES NO
2. Did you work during the two-week claim period?	YES NO	YES NO
3. If you answered "YES" to either question 1 or 2, record your total gross earnings before deductions (NOT your net take-home pay) and answer questions 4 and 5.	\$____.00	\$____.00
4. If you worked, please report the number of hours worked.	Hrs. _____	Hrs. _____
5. If you worked or reported earnings, are you <u>still working</u> for this employer(s)?	YES NO	YES NO
6. Did you turn down any job offer or job referral during the claim period?	YES NO	YES NO
7. Were you able to work during the claim period?	YES NO	YES NO
8. During the claim period, were you available to start full-time work?	YES NO	YES NO
8A. If you received Social Security Disability Insurance during the claim period, were you available to start part-time work?	YES NO	YES NO
9. Did you receive, or has there been a change in your receipt of income from any of the following sources? a. Retirement Pension b. Disability Pension c. Workers' Compensation d. Wages instead of advance notice of layoff or severance pay	YES NO	YES NO
10. Did you attend school or training?	YES NO	YES NO
10A. Did the school or training prevent you from accepting work?	YES NO	YES NO
11. If you are not enrolled in school or training go directly to question 12. If you are enrolled in school or training, have your days and hours changed since you last reported them?	YES NO	YES NO
12. Please enter the total number of work search activities you did, enter 0 if you did not search for work.	Week 1 _____	Week 2 _____
13. Are you a U.S. citizen? If not, are you legally authorized to work in the United States?	YES NO	
14. I certify this is my Social Security number and I am the person named on this claim for unemployment benefits, and the information I gave for these claim periods is true and complete.	YES NO	

Giving untrue information or withholding information on any unemployment claim may result in severe penalties including fines and/or imprisonment, and may also result in a loss of benefits. TWC routinely compares the amount of earnings you report on your payment request to the amount of earnings your employer reports having paid you. TWC also randomly verifies that you made the required number of valid work search activities.

Signature _____ Date _____

Claim ID: 03-08-20
 Claim Date: 03-08-20
 TWC FAX No.: (512) 322-2855

HEARING-IMPAIRED CLIENTS
 Dial 711 for Relay Texas.

CHANGE OF ADDRESS/NAME**INSTRUCTIONS**

To be eligible for unemployment benefits you must be registered to work. Update your work application when you move to another city within Texas by contacting your nearest Workforce Center or by using the Internet at www.texasworkforce.org. if you move out of state, contact your nearest Workforce Center to register for work in that state.

Instructions: Complete Items 1 through 7 (Please Print Items 1 through 5)

1. Your Name On Record

First	Middle	Last
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2. Your New Name

First	Middle	Last
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3. Social Security Number

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4. Old Address

Mailing Address	
City	County
State	Zip Code
Telephone No.: ()	

5. New Address

Mailing Address	
City	County
State	Zip Code
Telephone No.: ()	

6. Signature _____**7. Date** _____

You may receive, review, and correct information TWC collects about you by contacting TWC Open Records at 1-866-274-0940.

UI Support & Customer Service
 TEXAS WORKFORCE COMMISSION
 PO BOX 149346
 AUSTIN TX 78714-9346

PAYMENT REQUEST
 Date Mailed: March 15, 2021

KIMBERLY A HARTMAN
 12631 SUNNY WONDER
 SAN ANTONIO TX 78253-5193



All dates are shown in
 month-day-year order.

REGULAR BENEFITS

Social Security Number: XXX-XX-7665
 MAIL THIS CLAIM FORM ON 04-06-20

IMPORTANT INFORMATION - PLEASE READ BEFORE COMPLETING FORM

Return the completed form to the TWC fax number below, or mail to the address in the upper-left corner. Answer all of the questions below. You must report the number of hours you worked and earnings before any deductions, such as taxes, are taken out. Report for the week you performed the work, not when the earnings were paid. Earnings include full-time, part-time or temporary work, contract labor, self-employment profits, or holiday pay (if you are on a temporary layoff). Cross out and initial any corrections. Sign the form. If you have questions, please call (800) 939-6631.

A BENEFIT WEEK IS SEVEN CALENDAR DAYS BEGINNING ON <u>SUNDAY</u> AND ENDING ON <u>SATURDAY</u> .		03-22-20 through 03-28-20	03-29-20 through 04-04-20
1. Did you receive vacation or holiday pay from either a current job or a job from which you are on temporary layoff?	YES NO	YES NO	
2. Did you work during the two-week claim period?	YES NO	YES NO	
3. If you answered "YES" to either question 1 or 2, record your total gross earnings before deductions (NOT your net take-home pay) and answer questions 4 and 5.	\$____.00	\$____.00	
4. If you worked, please report the number of hours worked.	Hrs. _____	Hrs. _____	
5. If you worked or reported earnings, are you <u>still working</u> for this employer(s)?	YES NO	YES NO	
6. Did you turn down any job offer or job referral during the claim period?	YES NO	YES NO	
7. Were you able to work during the claim period?	YES NO	YES NO	
8. During the claim period, were you available to start full-time work?	YES NO	YES NO	
8A. If you received Social Security Disability Insurance during the claim period, were you available to start part-time work?	YES NO	YES NO	
9. Did you receive, or has there been a change in your receipt of income from any of the following sources? a. Retirement Pension b. Disability Pension c. Workers' Compensation d. Wages instead of advance notice of layoff or severance pay	YES NO	YES NO	
10. Did you attend school or training?	YES NO	YES NO	
10A. Did the school or training prevent you from accepting work?	YES NO	YES NO	
11. If you are not enrolled in school or training go directly to question 12. If you are enrolled in school or training, have your days and hours changed since you last reported them?	YES NO	YES NO	
12. Please enter the total number of work search activities you did, enter 0 if you did not search for work.	Week 1 _____	Week 2 _____	
13. Are you a U.S. citizen? If not, are you legally authorized to work in the United States?	YES NO		
14. I certify this is my Social Security number and I am the person named on this claim for unemployment benefits, and the information I gave for these claim periods is true and complete.	YES NO		

Giving untrue information or withholding information on any unemployment claim may result in severe penalties including fines and/or imprisonment, and may also result in a loss of benefits. TWC routinely compares the amount of earnings you report on your payment request to the amount of earnings your employer reports having paid you. TWC also randomly verifies that you made the required number of valid work search activities.

Signature _____ Date _____

Claim ID: 03-08-20
 Claim Date: 03-08-20
 TWC FAX No.: (512) 322-2855

HEARING-IMPAIRED CLIENTS
 Dial 711 for Relay Texas.

CHANGE OF ADDRESS/NAME**INSTRUCTIONS**

To be eligible for unemployment benefits you must be registered to work. Update your work application when you move to another city within Texas by contacting your nearest Workforce Center or by using the Internet at www.texasworkforce.org. if you move out of state, contact your nearest Workforce Center to register for work in that state.

Instructions: Complete Items 1 through 7 (Please Print Items 1 through 5)

1. Your Name On Record

First	Middle	Last
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2. Your New Name

First	Middle	Last
-------	--------	------

3. Social Security Number

			—			—					
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4. Old Address

Mailing Address	
City	County
State	Zip Code
Telephone No.: ()	

5. New Address

Mailing Address	
City	County
State	Zip Code
Telephone No.: ()	

6. Signature _____**7. Date** _____

You may receive, review, and correct information TWC collects about you by contacting TWC Open Records at 1-866-274-0940.

UI Support & Customer Service
 TEXAS WORKFORCE COMMISSION
 PO BOX 149346
 AUSTIN TX 78714-9346

PAYMENT REQUEST
 Date Mailed: March 15, 2021

KIMBERLY A HARTMAN
 12631 SUNNY WONDER
 SAN ANTONIO TX 78253-5193



All dates are shown in
 month-day-year order.

REGULAR BENEFITS

Social Security Number: XXX-XX-7665
 MAIL THIS CLAIM FORM ON 03-23-20

IMPORTANT INFORMATION - PLEASE READ BEFORE COMPLETING FORM

Return the completed form to the TWC fax number below, or mail to the address in the upper-left corner. Answer all of the questions below. You must report the number of hours you worked and earnings before any deductions, such as taxes, are taken out. Report for the week you performed the work, not when the earnings were paid. Earnings include full-time, part-time or temporary work, contract labor, self-employment profits, or holiday pay (if you are on a temporary layoff). Cross out and initial any corrections. Sign the form. If you have questions, please call (800) 939-6631.

A BENEFIT WEEK IS SEVEN CALENDAR DAYS BEGINNING ON <u>SUNDAY</u> AND ENDING ON <u>SATURDAY</u> .	03-08-20 through 03-14-20	03-15-20 through 03-21-20
1. Did you receive vacation or holiday pay from either a current job or a job from which you are on temporary layoff?	YES NO	YES NO
2. Did you work during the two-week claim period?	YES NO	YES NO
3. If you answered "YES" to either question 1 or 2, record your total gross earnings before deductions (NOT your net take-home pay) and answer questions 4 and 5.	\$____.00	\$____.00
4. If you worked, please report the number of hours worked.	Hrs. _____	Hrs. _____
5. If you worked or reported earnings, are you <u>still working</u> for this employer(s)?	YES NO	YES NO
6. Did you turn down any job offer or job referral during the claim period?	YES NO	YES NO
7. Were you able to work during the claim period?	YES NO	YES NO
8. During the claim period, were you available to start full-time work?	YES NO	YES NO
8A. If you received Social Security Disability Insurance during the claim period, were you available to start part-time work?	YES NO	YES NO
9. Did you receive, or has there been a change in your receipt of income from any of the following sources? a. Retirement Pension b. Disability Pension c. Workers' Compensation d. Wages instead of advance notice of layoff or severance pay	YES NO	YES NO
10. Did you attend school or training?	YES NO	YES NO
10A. Did the school or training prevent you from accepting work?	YES NO	YES NO
11. If you are not enrolled in school or training go directly to question 12. If you are enrolled in school or training, have your days and hours changed since you last reported them?	YES NO	YES NO
12. Please enter the total number of work search activities you did, enter 0 if you did not search for work.	Week 1 _____	Week 2 _____
13. Are you a U.S. citizen? If not, are you legally authorized to work in the United States?	YES NO	
14. I certify this is my Social Security number and I am the person named on this claim for unemployment benefits, and the information I gave for these claim periods is true and complete.	YES NO	

Giving untrue information or withholding information on any unemployment claim may result in severe penalties including fines and/or imprisonment, and may also result in a loss of benefits. TWC routinely compares the amount of earnings you report on your payment request to the amount of earnings your employer reports having paid you. TWC also randomly verifies that you made the required number of valid work search activities.

Signature _____ Date _____

Claim ID: 03-08-20
 Claim Date: 03-08-20
 TWC FAX No.: (512) 322-2855

HEARING-IMPAIRED CLIENTS
 Dial 711 for Relay Texas.

CHANGE OF ADDRESS/NAME**INSTRUCTIONS**

To be eligible for unemployment benefits you must be registered to work. Update your work application when you move to another city within Texas by contacting your nearest Workforce Center or by using the Internet at www.texasworkforce.org. if you move out of state, contact your nearest Workforce Center to register for work in that state.

Instructions: Complete Items 1 through 7 (Please Print Items 1 through 5)

1. Your Name On Record

First	Middle	Last
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2. Your New Name

First	Middle	Last
-------	--------	------

3. Social Security Number

			—			—					
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4. Old Address

Mailing Address	
City	County
State	Zip Code
Telephone No.: ()	

5. New Address

Mailing Address	
City	County
State	Zip Code
Telephone No.: ()	

6. Signature _____

7. Date _____

You may receive, review, and correct information TWC collects about you by contacting TWC Open Records at 1-866-274-0940.

UI Support & Customer Service
 TEXAS WORKFORCE COMMISSION
 PO BOX 149346
 AUSTIN TX 78714-9346

PAYMENT REQUEST
 Date Mailed: March 15, 2021

KIMBERLY A HARTMAN
 12631 SUNNY WONDER
 SAN ANTONIO TX 78253-5193



All dates are shown in
 month-day-year order.

REGULAR BENEFITS
 Social Security Number: XXX-XX-7665
 MAIL THIS CLAIM FORM ON 06-15-20

IMPORTANT INFORMATION - PLEASE READ BEFORE COMPLETING FORM

Return the completed form to the TWC fax number below, or mail to the address in the upper-left corner. Answer all of the questions below. You must report the number of hours you worked and earnings before any deductions, such as taxes, are taken out. Report for the week you performed the work, not when the earnings were paid. Earnings include full-time, part-time or temporary work, contract labor, self-employment profits, or holiday pay (if you are on a temporary layoff). Cross out and initial any corrections. Sign the form. If you have questions, please call (800) 939-6631.

A BENEFIT WEEK IS SEVEN CALENDAR DAYS BEGINNING ON <u>SUNDAY</u> AND ENDING ON <u>SATURDAY</u> .		05-31-20 through 06-06-20	06-07-20 through 06-13-20
1. Did you receive vacation or holiday pay from either a current job or a job from which you are on temporary layoff?	YES NO	YES NO	YES NO
2. Did you work during the two-week claim period?	YES NO	YES NO	YES NO
3. If you answered "YES" to either question 1 or 2, record your total gross earnings before deductions (NOT your net take-home pay) and answer questions 4 and 5.	\$____.00	\$____.00	
4. If you worked, please report the number of hours worked.	Hrs. _____	Hrs. _____	
5. If you worked or reported earnings, are you <u>still working</u> for this employer(s)?	YES NO	YES NO	YES NO
6. Did you turn down any job offer or job referral during the claim period?	YES NO	YES NO	YES NO
7. Were you able to work during the claim period?	YES NO	YES NO	YES NO
8. During the claim period, were you available to start full-time work?	YES NO	YES NO	YES NO
8A. If you received Social Security Disability Insurance during the claim period, were you available to start part-time work?	YES NO	YES NO	YES NO
9. Did you receive, or has there been a change in your receipt of income from any of the following sources? a. Retirement Pension b. Disability Pension c. Workers' Compensation d. Wages instead of advance notice of layoff or severance pay	YES NO	YES NO	YES NO
10. Did you attend school or training?	YES NO	YES NO	YES NO
10A. Did the school or training prevent you from accepting work?	YES NO	YES NO	YES NO
11. If you are not enrolled in school or training go directly to question 12. If you are enrolled in school or training, have your days and hours changed since you last reported them?	YES NO	YES NO	YES NO
12. Please enter the total number of work search activities you did, enter 0 if you did not search for work.	Week 1 _____	Week 2 _____	
13. Are you a U.S. citizen? If not, are you legally authorized to work in the United States?	YES NO	YES NO	YES NO
14. I certify this is my Social Security number and I am the person named on this claim for unemployment benefits, and the information I gave for these claim periods is true and complete.	YES NO	YES NO	YES NO

Giving untrue information or withholding information on any unemployment claim may result in severe penalties including fines and/or imprisonment, and may also result in a loss of benefits. TWC routinely compares the amount of earnings you report on your payment request to the amount of earnings your employer reports having paid you. TWC also randomly verifies that you made the required number of valid work search activities.

Signature _____ Date _____

Claim ID: 03-08-20
 Claim Date: 03-08-20
 TWC FAX No.: (512) 322-2855

HEARING-IMPAIRED CLIENTS
 Dial 711 for Relay Texas.

CHANGE OF ADDRESS/NAME**INSTRUCTIONS**

To be eligible for unemployment benefits you must be registered to work. Update your work application when you move to another city within Texas by contacting your nearest Workforce Center or by using the Internet at www.texasworkforce.org. if you move out of state, contact your nearest Workforce Center to register for work in that state.

Instructions: Complete Items 1 through 7 (Please Print Items 1 through 5)

1. Your Name On Record

First	Middle	Last
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2. Your New Name

First	Middle	Last
-------	--------	------

3. Social Security Number

			—			—					
--	--	--	---	--	--	---	--	--	--	--	--

4. Old Address

Mailing Address	
City	County
State	Zip Code
Telephone No.: ()	


5. New Address

Mailing Address	
City	County
State	Zip Code
Telephone No.: ()	

6. Signature _____**7. Date** _____

You may receive, review, and correct information TWC collects about you by contacting TWC Open Records at 1-866-274-0940.

Exhibit C



Terri Warren | [My Profile](#) | [Logoff](#)

Unemployment Benefit Services

Claimants

Staff Admin

Quick Links

- Claimant Search
- Claimant Profile
- Claim and Payment Status
- IRS Tax Information
- Payment Option
- Appeal List
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- Electronic Correspondence Sign-up History
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Correspondence Inbox

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Date Mailed	Document Name	Date Opened	Action	Action	Link
Apr 12, 2021	Statement of Overpaid Unemployment Benefits Account	Apr 12, 2021	View PDF	View Accessible	Appeal
Apr 07, 2021	Statement of Account	Apr 12, 2021	View PDF	View Accessible	
Mar 29, 2021	Unemployment Benefits Determination	Apr 12, 2021	View PDF	View Accessible	Appeal
Mar 24, 2021	Statement of Account	Apr 12, 2021	View PDF	View Accessible	
Mar 15, 2021	Payment Request-Regular Benefits	Apr 30, 2021	View PDF	View Accessible	
Mar 15, 2021	Payment Request-Regular Benefits	Apr 30, 2021	View PDF	View Accessible	
Mar 15, 2021	Payment Request-Regular Benefits	Apr 30, 2021	View PDF	View Accessible	
Mar 15, 2021	Payment Request-Regular Benefits	Apr 30, 2021	View PDF	View Accessible	
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Mar 15, 2021	Payment Request-Regular Benefits	Apr 30, 2021	View PDF	View Accessible	

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Terri Warren | [My Profile](#) | [Logoff](#)

Unemployment Benefit Services

Claimants

Staff Admin

Quick Links

- Claimant Search
- » [Claimant Profile](#)
- Claim and Payment Status
- IRS Tax Information
- Payment Option
- Appeal List
- » [Correspondence Inbox](#)
- Electronic Correspondence Opt Out
- Electronic Correspondence Sign-up History
- Email Update History

Correspondence Inbox

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Date Mailed	Document Name	Date Opened	Action	Action	Link
Mar 15, 2021	Payment Request-Regular Benefits	Apr 30, 2021	View PDF	View Accessible	
Mar 15, 2021	Payment Request-Regular Benefits	Apr 30, 2021	View PDF	View Accessible	
Mar 15, 2021	Payment Request-Regular Benefits	Apr 12, 2021	View PDF	View Accessible	
Mar 15, 2021	Statement of Wages and Potential Benefit Amounts	Apr 30, 2021	View PDF	View Accessible	Wage Help
Mar 15, 2021	US Bank Information Sheet	Apr 30, 2021	View PDF	View Accessible	
Mar 15, 2021	Unemployment Benefits Determination	Apr 30, 2021	View PDF	View Accessible	Appeal
Mar 12, 2021	Statement of Account	Apr 30, 2021	View PDF	View Accessible	
Mar 12, 2021	Instructions: Requesting Benefit Payments	Apr 30, 2021	View PDF	View Accessible	
Mar 12, 2021	Statement of Overpaid Unemployment Benefits Account	Apr 30, 2021	View PDF	View Accessible	Appeal
Mar 12, 2021	Statement of Overpaid Unemployment Benefits Account	Apr 30, 2021	View PDF	View Accessible	Appeal

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Exhibit D

Pandemic Emergency Unemployment Compensation Claim
Date Mailed:

**All dates are shown in
month-day-year order.**

Social Security Number:

Notice of Potential Pandemic Emergency Unemployment Compensation (PEUC)

If you are working full time, disregard this letter. Under the Continued Assistance for Unemployed Workers Act of 2020, you may be eligible for Pandemic Emergency Unemployment Compensation (PEUC) benefits if you are still totally or partially unemployed. We will mail you a letter showing the PEUC benefits you could receive.

To apply for benefits, please answer these questions and follow the instructions:

1. Have you worked in any state other than Texas during the last 18 months?

Circle one: Yes No If you circled yes, list the state(s) _____

2. Have you had a job separation (quit, fired, etc.) since your last payment from TWC?

Circle one: Yes No

If you answered "No" to both #1 and #2, call 1-866-274-1633. The automated system will ask you a series of questions. This number is available 24 hours a day, 7 days a week. If you answered "Yes" to #2, respond at <https://apps.twc.state.tx.us/UBS/peuc/peucPublic.do> or complete the next section and return it to TWC by using our upload portal at <https://mft.twc.state.tx.us/form/UIsubmissionENG> or by mail or fax. Note: Please use the upload portal. Mailing or faxing the form may delay your benefits.


Employer name:		Telephone #:	
Employer address:			
Employer city:		State:	ZIP code:
Job title:			
First day worked:		Last day worked:	
Reason for separation: <input type="checkbox"/> Permanent layoff <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Reduced hours			
<input type="checkbox"/> Temporary layoff. If temporary layoff, what is your expected return-to-work date?			
If you were fired or quit, briefly explain why you are no longer working:			

Mail to: Texas Workforce Commission
P.O. Box 149137
Austin, TX 78714-9137

Fax to: 512-936-3250

Please make sure to update your address and contact information with TWC. Review your payment option and make sure that any bank account numbers have not changed. If you do not remember your PIN, User ID or password, contact TWC at peuc.accessissues@twc.state.tx.us

According to Section 1001 of Title 18 of the U.S. Code, if you falsify, conceal, or cover up a material fact; make any materially false, fictitious, or fraudulent statement or representation; or make or use any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry, you could be fined up to \$10,000 under this title or imprisoned up to 5 years, or both.



Terri Warren | [My Profile](#) | [Logoff](#)

Unemployment Benefit Services

Claimants

Staff Admin

Quick Links
Claimant Search
Claimant Profile
Claim and Payment Status
IRS Tax Information
Payment Option
Appeal List
» Correspondence Inbox
Electronic Correspondence Sign-up History
Email Update History

Correspondence Inbox

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Date Mailed	Document Name	Date Opened	Action	Action	Link
Jul 06, 2021	Pell Grant Letter		View PDF	View Accessible	
Jul 06, 2021	Benefits Information Packet-Work Search		View PDF	View Accessible	
Jan 15, 2021	PEUC POTENTIALLY ELIGIBLE FOR PANDEMIC EMERGENCY UNEMPLOYMENT COMPENSATION FORM	X	View PDF	View Accessible	
Jan 12, 2021	1099 Taxable Compensation Form		View PDF	View Accessible	
Dec 01, 2020	Statement of Account		View PDF	View Accessible	
Nov 17, 2020	Statement of Account		View PDF	View Accessible	
Nov 03, 2020	Work Search Notification		View PDF	View Accessible	
Oct 09, 2020	Unemployment Benefits Determination	Sep 21, 2021	View PDF	View Accessible	Appeal
Oct 06, 2020	Paper Documents Mailed		View PDF	View Accessible	
Sep 09, 2020	Statement of Benefits-EB		View PDF	View Accessible	

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Exhibit E

UI Support & Customer Service
 TEXAS WORKFORCE COMMISSION
 101 E 15TH ST RM 570 MAIN
 AUSTIN TX 78778-0001

INFORMATION REQUEST
 Date Mailed: September 1, 2021

EVELYN CARRIERE
 142 S HOUSTON ST
 WHARTON TX 77488-5438



Social Security Number: XXX-XX-1575

All dates are shown in
 month-day-year order.

IMPORTANT

TWC will make a decision about your claim, based on available information.
PLEASE RESPOND AS SOON AS POSSIBLE but no later than 09-09-21 .

- * If you are claiming unemployment please Go to ID.me to verify your identity.
<https://hosted-pages.id.me/texas-twc-identity-proofing>
- * If you are not claiming unemployment benefits please report the fraudulent claim here:
<https://apps.twc.state.tx.us/UiFraudSubmission/uifs/uifraud>
- * You do not need to call. Go to ID.me to verify identity by the date listed below.

INSTRUCTIONS

Please Call: BENEFIT P CONTROL 9
 (512) 463-8322

Please call as soon as possible but no later than 3:00 PM 09-09-21 .

PLEASE NOTE: TWC could delay or deny payment of unemployment benefits if you do not respond to this notice.

Case No.:	16
Claim Id.:	4485
Claim Date:	11-01-20
TWC Office Fax No.:	(512) 936-4329
Hearing - Impaired clients dial 711 for Relay Texas	

Exhibit F

Texas Workforce Commission

A Member of Texas Workforce Solutions

Bryan Daniel, Chairman
Commissioner Representing
the Public

Julian Alvarez
Commissioner Representing
Labor

Aaron S. Demerson
Commissioner Representing
Employers

Edward Serna
Executive Director

July 26, 2022

Ms. Kathryn Kawazoe
1006 Herndon Lane
Austin, TX 78704-5366

Re: Request for Assistance

Dear Ms. Kawazoe:

Thank you for contacting the Texas Workforce Commission (TWC) about your unemployment benefits claim and the overpayment that occurred therein.

Our records indicate the cases that caused the overpayment have been resolved, and the overpayment balance is now \$0. You do not owe TWC a repayment.


Thank you for contacting TWC and allowing me to assist you.

Sincerely,



Terri Warren
Director, Unemployment Insurance Administration and Operational Support, TWC

Exhibit F



Unemployment Benefit Services

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Claimants

Staff Admin

Quick Links

Claimant Search

Claimant Profile

Claim and Payment Status

IRS Tax Information

Payment Option

Appeal List

» [Correspondence Inbox](#)

Electronic Correspondence Opt Out

Electronic Correspondence Sign-up History

Email Update History

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Date Mailed	Document Name	Date Opened	Action	Action	Link
Sep 03, 2021	Information Request	Feb 11, 2023	View PDF	View Accessible	
Sep 02, 2021	Information Request	Feb 11, 2023	View PDF	View Accessible	
Sep 01, 2021	Information Request	Sep 01, 2021	View PDF	View Accessible	
Aug 30, 2021	Request for Proof of Federal Employment	Sep 01, 2021	View PDF	View Accessible	
Aug 23, 2021	Instructions: Requesting Benefit Payments	Aug 24, 2021	View PDF	View Accessible	
Aug 23, 2021	Work Search Log		View PDF	View Accessible	
Aug 23, 2021	Statement of Wages and Potential Benefit Amounts		View PDF	View Accessible	Wage Help
Aug 23, 2021	Unemployment Benefits Handbook		View PDF	View Accessible	
Aug 23, 2021	Work Search Notification		View PDF	View Accessible	
Aug 23, 2021	Pell Grant Letter	Sep 01, 2021	View PDF	View Accessible	

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Exhibit G

Texas Workforce Commission

A Member of Texas Workforce Solutions

Bryan Daniel, Chairman
Commissioner Representing
the Public

Julian Alvarez
Commissioner Representing
Labor

Aaron S. Demerson
Commissioner Representing
Employers

Edward Serna
Executive Director

August 26, 2022

Ms. Stephanie K. Stout
P.O. Box 971211
El Paso, TX 79997-1211

Re: Request for Assistance

Dear Ms. Stout:

Thank you for contacting the Texas Workforce Commission (TWC) about your unemployment benefits claim and the overpayment that occurred therein.

Our records indicate the cases that caused the overpayment have been resolved, and the overpayment balance is now \$0. You do not owe TWC a repayment.

Thank you for contacting TWC and allowing me to assist you.

Sincerely,



Terri Warren
Director, Unemployment Insurance Administration and Operational Support, TWC

Exhibit H

Texas Workforce Commission

A Member of Texas Workforce Solutions

Bryan Daniel, Chairman
Commissioner Representing
the Public

Julian Alvarez
Commissioner Representing
Labor

Aaron S. Demerson
Commissioner Representing
Employers

Edward Serna
Executive Director

August 15, 2022

Ms. Kimberly Hartman
12631 Sunny Wonder
San Antonio, TX 78253-5193

Re: Request for Assistance

Dear Ms. Hartman:

Thank you for contacting the Texas Workforce Commission (TWC) about your unemployment benefits claim and the overpayment that occurred therein.

Our records indicate the cases that caused the overpayment have been resolved, and the overpayment balance is now \$0. You do not owe TWC a repayment.

Thank you for contacting TWC and allowing me to assist you.

Sincerely,



Terri Warren
Director, Unemployment Insurance Administration and Operational Support, TWC

Exhibit I

Texas Workforce Commission

A Member of Texas Workforce Solutions

Bryan Daniel, Chairman
Commissioner Representing
the Public

Julian Alvarez
Commissioner Representing
Labor

Aaron S. Demerson
Commissioner Representing
Employers

Edward Serna
Executive Director

July 26, 2022

Mr. Jesus Duarte
4937 Grapeland Drive
El Paso, TX 79924-1122

Re: Request for Assistance

Dear Mr. Duarte:

Thank you for contacting the Texas Workforce Commission (TWC) about your unemployment benefits claim and the overpayment that occurred therein.

Our records indicate the cases that caused the overpayment have been resolved, and the overpayment balance is now \$0. You do not owe TWC a repayment.

Thank you for contacting TWC and allowing me to assist you.

Sincerely,



Terri Warren
Director, Unemployment Insurance Administration and Operational Support, TWC

Exhibit J

Texas Workforce Commission

A Member of Texas Workforce Solutions

Bryan Daniel, Chairman
Commissioner Representing
the Public

Julian Alvarez
Commissioner Representing
Labor

Aaron S. Demerson
Commissioner Representing
Employers

Edward Serna
Executive Director

July 26, 2022

Ms. Evelyn Carriere
Apartment A
1217 Saint Mary Street
New Orleans, LA 70130-5125

Re: Request for Assistance

Dear Ms. Carriere:

Thank you for contacting the Texas Workforce Commission (TWC) about your unemployment benefits claim and the overpayment that occurred therein.

Our records indicate the cases that caused the overpayment have been resolved, and the overpayment balance is now \$0. You do not owe TWC a repayment.

Additionally, TWC paid you \$152.00 on July 21, 2022.

Thank you for contacting TWC and allowing me to assist you.

Sincerely,



Terri Warren
Director, Unemployment Insurance Administration and Operational Support, TWC